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Clara Braun  
cbraun@unomaha.edu

Emily Wright  
University of Nebraska at Omaha, emwright@unomaha.edu

Ryan E. Spohn  
University of Nebraska at Omaha, rspohn@unomaha.edu

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# RESTRICTED HOUSING AMONG JUVENILE POPULATIONS

*Clara L. Braun  
Emily M. Wright, Ph.D.  
Ryan Spohn, Ph.D.*

*Nebraska Center for Justice Research  
School of Criminology and Criminal Justice  
University of Nebraska, Omaha*

## EXECUTIVE SUMMARY

- Restricted housing among juvenile populations – the social and physical isolation of certain youth from other juveniles, recreational time, and educational materials – is a punitive method employed by juvenile correctional facilities that restricts youths’ physical movement for a prolonged period of time.
- Nebraska houses the third highest per capita number of juveniles residing in detention, correctional, or residential facilities in the United States, and many facilities across the state report using restricted housing for much longer period than surrounding states.
- Due to their age and associated developmental needs (e.g., brain development, social interactions, etc.), juveniles are at higher risk for experiencing negative effects of restricted housing, such as psychosis, suicidal ideation/attempts, depression, and anxiety. Further, the use of isolation may exacerbate existing mental and emotional problems among juveniles. Restricted housing is strongly linked to suicide attempts, in situations where juveniles are unattended and unmonitored. Moreover, juveniles in restricted housing are unable to access positive and prosocial activities or educational programming, and are thus “doubly punished” while in isolation.
- Due to the negative effects of restricted housing among juveniles, NCJR recommends the adoption of best practice standards for the use of restricted housing for juveniles in NDCS: 1) use restricted housing only as a temporary response to behavior that threatens immediate harm to the youth or others, 2) limit the time juveniles spend in restricted housing, and monitor them every 15 minutes, 3) prior to using restricted housing, staff should use less restrictive techniques and rehabilitative efforts, 4) explain the reasons for isolation to juveniles and the fact that they will be released upon regaining self-control, 5) assess youth at intake for mental health, suicide, or other risk factors that may be exacerbated by the use of restricted housing, 6) keep designated restricted housing areas suicide resistant and protrusion-free, 7) and better understand the unique developmental needs of juveniles so as to minimize the employment of tactics (such as restricted housing) that can negatively affect healthy development.

## INTRODUCTION

Restricted housing among juvenile populations refers to social and physical isolation of certain youth from other juveniles, recreational time, and educational materials. It is a punitive method that restricts physical movement for a prolonged period of time. This isolation serves four main purposes (Kupchik and Snyder, 2009):

- Medical isolation, used when the juvenile is ill;
- Disciplinary isolation, used when the youth commits a behavioral infraction like talking back or fighting;
- Protective isolation, used when the juvenile's safety is at risk within the facility; and
- Administrative isolation, which can be necessary in facilities with overpopulation or high youth turnover rates.

According to the American Civil Liberties Union, Nebraska houses the third highest number of juveniles in correctional facilities in the United States (Growing Up Locked Down, 2016), making restricted housing of juveniles a particularly salient issue for the state.

## NEGATIVE OUTCOMES OF RESTRICTED HOUSING

Because of developmental vulnerability, juveniles are at greater risk of experiencing a negative reaction due to isolation, and risk experiencing more severe and lasting effects. Among these outcomes are (Solitary Confinement for Juveniles, 2012):

- Psychosis;
- Suicidal ideation and attempts;
- Depression; and
- Anxiety.

Many juveniles in correctional facilities have a history of trauma or abuse, learning disabilities, diminished mental capacity, anxiety, aggression, and related problems; the use of isolation may exacerbate these problems (McClard, Erwin, and Henjum, 2014). Long-term studies have shown that while juveniles have a sense of time and understand it, isolation skews this view, leading to desperation and inability to imagine the future. Ultimately, isolation deepens psychological problems among juveniles.

*"One of the most damaging aspects of incarceration on an adolescent's development is the use of isolation. Numerous agencies, advocacy groups, international groups including the United Nations, and professional organizations including my own, American Academy of Child and Adolescent Psychiatry, have called for the prohibition of the use of solitary confinement for juvenile offenders."*

- Dr. Rodney J Erwin, Developmental Psychologist

A 1990 survey carried out across nearly 1,000 juvenile facilities found that 970 juveniles engaged in 1,500 acts of suicidal behavior, such as making a legitimate attempt of suicide or engaging in self-mutilation (Parent, 1993). The majority of the facilities within this study alleged to have performed

checks on juveniles every 4 minutes in an attempt to limit alone time. Furthermore, the majority of these facilities did not assess incoming youth for mental health problems, meaning the facility was often unaware of the suicidal risk for youth who were incarcerated. The facilities which did screen juveniles for suicidal behaviors reported placing the youths on mental health plans to combat the suicidal ideation; those facilities saw lower rates of suicide (Parent, 1993).

A 2009 study conducted by the Office of Juvenile Justice and Delinquency Prevention found that 50% of juvenile suicide victims were under room confinement at the time of their suicide (Hayes, 2009). Approximately 85% of the victims committed suicide during waking hours instead of after bedtime, indicating that they were isolated and unattended at the time of the suicide, and likely had been in isolation for over 24 hours. Among these victims, 69% had a history of mental illness or had expressed suicidal ideation on more than one occasion. They were placed in isolation within the first 72 hours of their stay at the facility and the suicides often took place shortly thereafter.

Facilities which have higher rates of juvenile suicide tend to have fewer numbers of staff members available for youth to interact with, high turnover, and protocols that do not prioritize safety while in isolation (Kupchik and Snyder, 2009). Since staff can be an important source of support and attachment for youth in these facilities (Kupchick and Snyder, 2009; Parent, 1993), it is important to maintain adequate staffing and make efforts to limit turnover so that these attachments have time to develop. Unfortunately, in facilities with significant turnover, isolation is used far more often and as a punitive measure instead of a safety measure.

Isolation practices also limit juveniles' access to prosocial and positive activities and programming, such as educational classes or recreational time. With this lack of access to educational materials, incarcerated juveniles experience a handicap in their education and/or behavioral rehabilitation as their exposure to others is restricted, decreasing opportunities for prosocial attachments (another form of "double punishment").

While restricted housing is intended for specific purposes, a number of studies (e.g., Alone and Afraid, 2013; Council of Juvenile Correctional Administrators Toolkit, 2015; Growing Up Locked Down, 2016) have found the practice to be somewhat arbitrarily used across facilities. Among case records examined, the subjective use of isolation has created a climate where it is used for minor infractions instead of to prevent medical problems or limit violence. Often, it appears that restrictive housing is used as a first resort instead of last, and is negatively impacting juveniles' mental health and wellbeing, and increasing their risk of recidivism.

## RECOMMENDATIONS

The United Nations Rules for the Protection of Juveniles Deprived of their Liberty cited a resolution which established guidelines for use of solitary confinement for juvenile offenders. The UN resolution was established in 1990 and supported by the United States. Section 67 of the ruling explicitly prohibits use of solitary confinement among juvenile populations because research has demonstrated adverse physical and mental health effects. Additional best practice standards for juvenile facilities have been outlined by the Annie E. Casey Foundation's *Juvenile Detention Facility Assessment*.



Recommendations for the use of restricted housing among juvenile populations are derived from research and are as follows:

- **Reduce the use of Restricted Housing for Juveniles and Only Use as a Temporary Response when Youth is an Immediate Harm to Self or Others.** Less restrictive practices should be adopted whenever possible. If a child is placed in restricted housing, staff should explain the reasons for the isolation and the requirements for their release from restricted housing (Annie E. Casey Foundation, 2014). In February of 2017, the MERCY Act (Maintaining dignity and Eliminating unnecessary Restrictive Confinement of Youths Act of 2017) was introduced to the U.S. senate, calling for restrictions to be placed on solitary confinement for juveniles (S. 329, 2017). The MERCY Act, which has yet to be passed, suggests solitary confinement only be used if the juvenile or other's immediate health or well-being is at risk. Under this act, juveniles may not be placed in isolation for longer than three hours and may not be placed in restricted conditions within the first 24 hours of their arrival at the facility. Legislation such as this continues to advance measures to decrease suicide among vulnerable populations, like juvenile offenders.
- **Limit Time Spent in Restricted Housing, and Monitor Continuously.** The Council of Juvenile Correctional Administrators (CJCA) collects data from youth and facility surveys, incident reports, youth records, administrative forms, and youth exit surveys. Through research conducted over the last twenty years, Performance Based Standards (PbS) were established by the CJCA. The PbS program has explicitly stated that the use of isolation among juvenile offenders is deadly and inappropriate. Leaving a juvenile unattended for more than 15 minutes in an isolated environment is a violation of PbS guidelines and is reportable. Additionally, juveniles should not be permitted to room alone and must have direct contact with direct supervisors because staff turnover rate is linked to increased suicidal ideation. Being permitted to form relationships with individuals apart from other juveniles within the facilities has shown to reduce suicide rates (Parent, 1993), and it is suggested that juveniles be given the opportunity to form these attachments whenever possible, thus utilizing isolation far less often. After the CJCA study was released in 2009, isolation in juvenile facilities across the United States was reported to have dropped 50% from an average of 12 hours to 6 hours (Reducing Isolation and Room Confinement, 2012). However, time juveniles are spending in restricted housing must continue to be limited: the less time spent in restricted housing, the better.
- **Focus on Rehabilitation, Not Punishment.** The CJCA advocates for juvenile facilities to adopt practices more focused on youth rehabilitation, rather than punitive ones. Restrictive housing has primarily been used as a disciplinary, or punishment tool. Not only are the use of isolated conditions increasing the number of suicides across the incarcerated juvenile population, but they also restrict juveniles from gaining access to positive activities such as programming or interaction with positive role models (e.g., staff) (Alone and Afraid, 2013; Parent, 1993). A stronger focus on rehabilitation in these facilities would decrease instances when juveniles are placed in restricted housing, so that they can take part in the rehabilitative services that are available.
- **Assess for Mental Health, Suicide, and Other Risk Factors that may be Exacerbated by Restricted Housing.** The CJCA has established an ideal model



for change which involves assessing juveniles at intake for mental, social, and physical problems. After the assessment, a care-plan is established to help treat the youth during their period of incarceration. Through utilization of this model, the CJCA has seen facilities transition to use of isolation as a last resort method. Juveniles are not being placed in isolation because they are instead meeting with mental health and medical professionals. Indiana and Massachusetts have adopted an integrated a model which assesses juveniles in isolation almost hourly. The ultimate goal is to eliminate the threat of harm through the use of a "cooling off period," and quickly reintegrate the youth back amongst the general population (Council of Juvenile Correctional Administrators Toolkit: Reducing Use of Isolation, 2015). In these models, isolation is used as a time-out measure instead of a reaction to minor behavioral infractions. At all times, designated restricted housing areas should be kept suicide resistant and protrusion-free (Annie E. Casey Foundation, 2014).

- **Understand the Developmental Needs of Juveniles.** Employees of the juvenile justice system need to be educated about the developmental differences between juveniles and adults, and youth correctional facilities should understand how the developmental needs of youth may interact with management and supervision styles. Multiple aforementioned sources provide evidence that severe psychological strain, like isolation for extended periods of time, negatively impacts brain and social development (Solitary Confinement for Juveniles, 2012). Similarly, juveniles are in a developmental stage where they thrive on interactions with others and depriving them of this basic developmental need can exacerbate behavioral and mental health problems. Facilities should employ and train staff to understand the developmental needs of juveniles (in terms of physical, mental, and emotional health), and they should seek to develop policies and practices that promote - not hinder - the healthy development of juveniles.

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